



proud past, promising future

CLARK COUNTY
WASHINGTON

Background Check Acknowledgement Form

I, _____, give my employer _____ permission to share my name with the Clark County Department of Community Services, Behavioral Health Services Division. I understand they will give this information to the Educational Service District (ESD) 112 for the sole purpose of conducting a fingerprint background check and issuing a school identification card. I understand that failure to comply with this policy or failure to pass the background check will prohibit me from entering an ESD 112 school as a representative of my employer.

Employee Signature

Date